

VERIFICATION OF COURSE COMPLETION FORM

Please complete this form for each endorsement you completed.

Student Name: _____ License Number: _____

I certify that _____ has completed all course requirements in order to receive the requested endorsement(s) identified below. The course was conducted under board policies and procedures.

<p style="text-align: center;">EMT – First Responder</p> <p><input type="checkbox"/> Immobilization <input type="checkbox"/> Monitoring <input type="checkbox"/> Ambulance</p>	<p style="text-align: center;">EMT – Basic</p> <p><input type="checkbox"/> Airway <input type="checkbox"/> Monitoring <input type="checkbox"/> IV & IO Initiation <input type="checkbox"/> IV & IO Maintenance <input type="checkbox"/> Endotracheal Intubations > 8 yrs old <input type="checkbox"/> Medication</p>
<p style="text-align: center;">EMT – Intermediate</p> <p><input type="checkbox"/> Needle Decompression/Surgical Airway <input type="checkbox"/> Immunizations <input type="checkbox"/> Drips & Pumps <input type="checkbox"/> 12 Lead Transmit</p>	<p style="text-align: center;">EMT – Paramedic</p> <p><input type="checkbox"/> 12 Lead Interpretation <input type="checkbox"/> Medications <input type="checkbox"/> Fibrinolytic w/ 12 Lead Interpretation <input type="checkbox"/> Critical Care Transport</p>

Signature of Medical Director,
responsible for the Training Program *(for endorsements above the EMT-Basic level)*

PRINTED Name

Date

OR

Signature of Lead Instructor responsible for the Training Program
(for EMT- F endorsements, only)

Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Notary Public

SEAL

For the State of

My commission expires _____, _____.